

MISHAP REPORT FORM		DATE OF REPORT		THIS REPORT MUST BE COMPLETED IN ACCORDANCE WITH CAPR 62-2 FOR ALL CAP MISHAPS				
INSTRUCTIONS: This report must be completed by the unit commander or designee and forwarded within 48 hours following each accident which results in injury to any person and/or damage to any property during CAP activities. See CAPR 62-2, paragraph 5, for distribution.								
DATE OF MISHAP		TIME OF MISHAP		REGION	WING		PLACE OF MISHAP	
TYPE MISHAP (Check one or more) <input type="checkbox"/> Bodily Injury <input type="checkbox"/> Vehicle <input type="checkbox"/> Aircraft <input type="checkbox"/> Flight <input type="checkbox"/> Ground								
AIRCRAFT OR VEHICLE								
A/C OR VEH NO.	A/C N-NUMBER OR VEH IDENTIFICATION NO.	YEAR/MAKE/MODEL		APPARENT DAMAGE SUSTAINED		EST REPAIR COSTS (OR MARKET VALUE IF TOTAL LOSS)		
1								
2								
PRIVATE PROPERTY DAMAGE OTHER THAN AIRCRAFT OF VEHICLE (OBJECT DAMAGED AND EXTENT OF DAMAGE):						EST REPAIR COSTS		
A. PERSON AT CONTROLS							INJURY	
A/C OR VEH NO.	GRADE AND NAME		AGE	PHONE NUMBER	CAP UNIT NO.	FATAL	NONFATAL	
1						<input type="checkbox"/>	<input type="checkbox"/>	
2						<input type="checkbox"/>	<input type="checkbox"/>	
CAP Operator's License No. Veh 1:				CAP Operator's License No. Veh 2:				
B. CODE: W-WITNESS P-PASSENGER S-SCANNER O-OBSERVER Z-OTHER (SPECIFY BELOW)							INJURY	
A/C OR VEH NO.	GRADE AND NAME		AGE	PHONE NUMBER	CODE	CAP UNIT NO.	FATAL	NONFATAL
1							<input type="checkbox"/>	<input type="checkbox"/>
2							<input type="checkbox"/>	<input type="checkbox"/>
Code Z (Specify Here):								
C. OWNER OF AIRCRAFT OR VEHICLE							INJURY	
A/C OR VEH NO.	GRADE AND NAME		AGE	PHONE NUMBER	CAP UNIT NO.	FATAL	NONFATAL	
1						<input type="checkbox"/>	<input type="checkbox"/>	
2						<input type="checkbox"/>	<input type="checkbox"/>	
D. PERSON(S) INJURED NOT AS A RESULT OF AIRCRAFT OR VEHICLE MISHAP							INJURY	
GRADE AND NAME			AGE	PHONE NUMBER	CAP UNIT NO.	FATAL	NONFATAL	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
PURPOSE OF ACTIVITY:								
MOVEMENT OF AIRCRAFT OR VEHICLE WAS REQUESTED BY:								

